

## II. NUTRITION SERVICES

Nutrition services represent the full range of activities performed by a variety of staff to operate a WIC Program such as, participant assessment and screening, nutrition education and counseling, breastfeeding and health promotion, food package prescriptions, and health care referrals. Quality WIC nutrition services encompass not only what WIC offers to participants, but how WIC offers its services. Portions of the WIC Nutrition Services Standards have been incorporated into the State Plan Guidance. In addition, the questions on Dietary Assessment can now be found in VIII, Certification, Eligibility and Coordination.

***A. Nutrition Education - 246.4(a)(9); 246.11(a)(1-3)(c)(1,3-8):*** describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support.

***B. Food Package Design - 246.10 (c)(1-7); (e)(1-3):*** describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package.

***C. Staff Training - 246.11(c)(2):*** describe the training and technical assistance provided to WIC professional and para-professional personnel who provide nutrition education, and breastfeeding promotion/education to participants.

## II. NUTRITION SERVICES

### A. Nutrition Education

#### A. NUTRITION EDUCATION

##### 1. Local Agency Nutrition Education Plans

###### a. The State agency requires local agency nutrition education:

- ☒ needs assessment                      ☐ goals and objectives  
☐ other (list):

###### b. The State agency monitors local agency progress toward meeting nutrition education goals and objectives via:

- ☒ quarterly or annually written reports  
☐ year-end summary report  
☐ annually at local agency reviews  
☒ other (specify): Technical assistance; site visits

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**

##### 2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion

###### a. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:

- ☒ State-developed questionnaire issued by local agencies  
☒ Locally developed questionnaires (need approval by SA: ☐ Yes ☒ No)  
☐ State-developed questionnaire issued by State agency  
☒ Focus groups  
☐ Other (specify):

###### b. Results of participant views are:

- ☒ used in the development of the State Plan  
☒ used in the development of local agency nutrition education plans and breastfeeding promotion and support plans

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**

## II. NUTRITION SERVICES

### A. Nutrition Education

#### 3. Nutrition Education Contacts

- a. The State agency assures that each local agency offers adult participants, parents or caretakers of infant and child participants, and whenever possible, the child participants themselves two nutrition education contacts per certification period via:

- ☒ local agency addresses in annual nutrition education plan
- ☐ state nutrition staff monitor annually during local agency reviews
- ☐ local agency provides periodic reports to State agency
- ☒ other (specify): TDH monitors LAs in biennial reviews; NE contacts are a LA performance standard

- b. The State agency has developed minimum nutrition counseling standards for the following participant categories:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> pregnant women   | <input checked="" type="checkbox"/> breastfeeding women    |
| <input checked="" type="checkbox"/> postpartum women | <input checked="" type="checkbox"/> infants                |
| <input checked="" type="checkbox"/> children         | <input checked="" type="checkbox"/> high-risk participants |

**The minimum counseling standards address:**

- |  |  |
|--|--|
| <input type="checkbox"/> number of contacts                                    | <input type="checkbox"/> documentation         |
| <input type="checkbox"/> content   | <input checked="" type="checkbox"/> referrals  |
| <input type="checkbox"/> breastfeeding promotion                               | <input checked="" type="checkbox"/> care plans |
| <input type="checkbox"/> information on drug and other harmful substance abuse |  |

- c. The SA allows the following nutrition education methods to be counted as a contact:

- ☒ face-to-face, individually or group
- ☒ online/Internet
- ☒ telephone
- ☒ take-home activity
- ☒ food demonstration
- ☒ by other agencies, i.e., EFNEP
- ☒ other (specify): Breastfeeding support groups; diabetes/obesity education programs; self-paced lessons

- d. Individual care plans developed include the following components:

- | Must Include                        | May Include                         |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | identification of nutrition-related problems |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | action plan to correct problems              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | plan for follow-up                           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | plan for referral                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | timeframes for completing action plan        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | documentation for completing action plan     |

## **II. NUTRITION SERVICES**

### **A. Nutrition Education**

☐☐

other (specify):

## II. NUTRITION SERVICES

### A. Nutrition Education

- e. Check the following individuals allowed to provide general or high-risk nutrition education:

General Nutrition Education	High-risk Nutrition Contact
<input checked="" type="checkbox"/>	<input type="checkbox"/> Paraprofessionals (non B.S. degree with formal WIC training by SA or LA)
<input checked="" type="checkbox"/>	<input type="checkbox"/> Licensed Practical Nurses
<input checked="" type="checkbox"/>	<input type="checkbox"/> Registered Nurses
<input checked="" type="checkbox"/>	<input type="checkbox"/> Home Economists
<input checked="" type="checkbox"/>	<input type="checkbox"/> B.S. in Nutrition (or related field)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Registered Dietitian or M.S. in Nutrition (or related field)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Dietetic Technician (2-year program completed)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Other (specify):

- f. The State agency allows adult participants to receive nutrition education by proxy.

☐ No

☒ Yes (If yes, check the applicable conditions below):

☒ proxy is spouse/boyfriend

☒ proxy is parent of adolescent prenatal participant

☒ proxy is neighbor

☐ only for certain priorities (specify):

☒ other (specify): **As designated by participant**

- g. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.

☐ No

☒ Yes (If yes, check the applicable conditions below):

☒ proxy is grandparent or legal guardian of infant or child participant

☒ proxy is neighbor

☐ only for certain priorities (specify):

☒ other (specify): **As designated by parent/guardian**

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**

## II. NUTRITION SERVICES

### A. Nutrition Education

#### 4. Nutrition Education Materials

##### a. The State agency recommends and/or makes available nutrition education materials for the following topics:

	English	Spanish	Other languages (specify):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese
Breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese
Nutritional needs of homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of migrant farmworkers & their families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of teenage prenatal women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Breastfeeding promotion and support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese
Breastfeeding issues/problems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese
Danger of harmful substance (alcohol, tobacco and other drugs and second-hand smoke) use during pregnancy and breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

## II. NUTRITION SERVICES

### A. Nutrition Education

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.

- b. The State agency follows written criteria to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:

☒ content      ☒ reading level/language      ☒ graphic design      ☒ ethnicity

- c. Locally developed nutrition education materials must be approved by State agency prior to use.

☒ Yes      ☐ No

If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.

☐ Yes      ☐ No

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite): Question A.4.a - see Manual: Reference materials**

### 5. Special Nutrition Education Needs of Special Populations

The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):

**M   H   S   B**

- |                                     |                                     |                                     |                                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | provision of nutrition education materials appropriate to this population and language needs                              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | provision of nutrition curriculum or care guidelines specific to this population  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | requiring local agencies who serve this population to address its special needs in local agency nutrition education plans |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | arranging for special training of local agency personnel who work with this population                                    |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | distribution of resource materials related to this population   |

## II. NUTRITION SERVICES

### A. Nutrition Education

- ☒ ☒ ☒ ☒ encouraging WIC local agencies to network with one another
- ☒ ☒ ☒ ☒ coordinating at the State and local levels with agencies who serve this population
- ☐ ☐ ☐ ☐ other (specify):

### ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (cite):

#### 6. Breastfeeding Promotion Plan

**a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):**

- ☒ activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- ☒ identification of breastfeeding promotion and support materials
- ☒ procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps, breastshells, nursing supplementers, and nursing pads and bras).
- ☒ training for State/local agency staff.
- ☒ designating roles and responsibilities of staff
- ☒ evaluation of breastfeeding promotion and support activities
- ☒ other (specify): Plans to increase breastfeeding rates and/or meet performance std.

**b. The State agency has established minimum protocols for breastfeeding promotion and support which include, at a minimum, the following (check all that apply):**

- ☒ a policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- ☒ a requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- ☒ a requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients
- ☒ a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- ☐ participant assessment
- ☐ food package prescription
- ☐ data collection
- ☐ referral criteria
- ☐ other (specify):
- ☐ other (specify):



## **II. NUTRITION SERVICES**

### **A. Nutrition Education**

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**

## II. NUTRITION SERVICES

### B. Food Package Design

#### **B. FOOD PACKAGE DESIGN**

##### **1. Authorized WIC-Eligible Foods**

**a. Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference: List of authorized foods; see policy FD: 12.0**

**b. The State agency considers the following when making decisions about authorizing WIC-eligible foods other than infant formula:**

<input checked="" type="checkbox"/>	federal requirements	<input checked="" type="checkbox"/>	nutritional value
<input checked="" type="checkbox"/>	participant acceptance	<input checked="" type="checkbox"/>	cost
<input checked="" type="checkbox"/>	Statewide availability	<input checked="" type="checkbox"/>	participant/client request
<input checked="" type="checkbox"/>	other (specify): possible label confusion; name of product and impact on nutrition message -- e.g., "cocktail" as sometimes used with juices.		

**c. The State agency identifies nutritional criteria for approving foods which are stricter than Federal regulations.**

☒ Yes ☐ No

**If yes, complete the following table citing actual values or criteria identified by the State.**

**d. The State agency establishes policies regarding the issuance of contract and non-contract brand infant formula.**

☒ Yes ☐ No

**The State agency requires medical documentation for contract infant formula (other than milk and soy-based).**

☒ Yes ☐ No

**The State agency requires medical documentation for non-contract infant formula.**

☒ Yes ☐ No

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (cite):**

## II. NUTRITION SERVICES

### B. Food Package Design

#### State Established Guidelines

	Milk	Cheese	Cereal	Juice	*Eggs	Peanut Butter	Tuna	Dried Beans/Peas	Carrots
<b>Fat</b>	whole for children					no lowfat or lite			
<b>Sugar</b>	unflavored, no sweetened condensed								
<b>Sodium</b>									
<b>Fiber</b>									
<b>Artificial Sweeteners</b>									
<b>Artificial Color/ Flavor</b>									
<b>Other (e.g., grade or size of eggs)</b>	no high calcium	1 or 2 lb pkgs only; no shredded or individually wrapped	no pkg less than 10 oz	46 oz cans and frozen	no dry egg mix; no fertile, brown or free range; no				

## II. NUTRITION SERVICES

### B. Food Package Design

					extra large or jumbo				
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\* Category includes fresh eggs and dried egg mix

## II. NUTRITION SERVICES

### B. Food Package Design

#### 2. Nutrition Tailoring

- a. The State agency provides a standard food package for each WIC category which is the same as the maximum package allowed in Program Regulations.

Yes

☒☒☒☐☒

No

☐☐☐☐☐☐

Pregnant women

Breastfeeding women

Postpartum, nonbreastfeeding women

Infants

Children

State agency does not have standard (i.e., pre-tailored) food packages

- b. If the standard package is not maximum, the State agency specifies participants who should receive maximum:

	All participants in category	Participants with specific risk factors
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding women	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum, nonbreastfeeding women	<input type="checkbox"/>	<input type="checkbox"/>
Infants	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>

- c. The State agency provides a specially tailored package for:

- ☒ Women/children with special dietary needs  
☒ Homeless individuals  
☐ Incarcerated women  
☐ Other (specify):

**Provide a copy of the actual foods included in the homeless and prison packages in the Appendix or cite Procedure Manual reference below.**

- d. The State agency develops written nutrition tailoring policies and supportive rationale based on the following participant characteristics:

- ☐ does not develop  
☒ develops based on:  
☐ category  
☒ age  
☐ nutrition risk/nutrition need  
☐ priority  
☐ participant preference  
☐ household condition

## II. NUTRITION SERVICES

### B. Food Package Design

- ☐ administrative concerns  
☒ other (specify): allergies; medical conditions such as lactose intolerance

e. **The State agency allows local agencies to develop specific tailoring guidelines.**

☒ Yes ☐ No

**If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:**

- ☐ Local agencies are required to submit tailoring guidelines for State approval  
☐ Local agency tailoring guidelines are monitored annually during local agency reviews  
☐ Other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite): Homeless package: See Policy FD: 12.0**

### 3. Prescribing Packages

a. **Individuals allowed to prescribe food packages:**

	<b>Standard food package</b>	<b>Individually tailored food package</b>
CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify):		

## II. NUTRITION SERVICES

### B. Food Package Design

- b. Check below as applicable to describe the State agency's policies on issuing these formulas:

<u>Ready-to feed</u>	<u>Low-iron low-calorie, high calorie formulas</u>	<u>Non-contract infant formula</u>	<u>Exempt/ WIC-eligible medical foods</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not authorized by the State agency
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Only authorized for specific diseases/ conditions identified by State agency
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medical documentation required
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	State agency approval required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For religious eating patterns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite): FD: 12.0**

## II. NUTRITION SERVICES

### C. Staff Training

#### C. STAFF TRAINING

The State agency provides or sponsors the following training for WIC competent professional authorities:

	Professionals		Paraprofessionals (may or <u>may not be CPA's in some States</u> )	
	<u>Regularly</u>	<u>As Needed</u>	<u>Regularly</u>	<u>As Needed</u>
General nutrition education methodology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
State certification policies/procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anthropometric measurements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bloodwork procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nutrition counseling techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietary assessment techniques	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescribing & tailoring food packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal, infant, and child nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cultural competencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Customer service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Immunization screening/referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care Plan Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (cite):**